



**2010 WE CARE
BASS TOURNAMENT
SEPTEMBER 12TH
MISSISSENAWA RES.**

ENTRY FEE \$100.00

6 FISH LIMIT

PAYOUT: BASED ON FULL FIELD OF 75 BOATS

75 X 100 - \$7500.00

50% PAYBACK - \$3750.00

50% WE CARE - \$3750.00

BIG BASS - 75 X 10 - \$750.00

2ND BIG BASS - \$100.00

1ST PLACE JACKETS (JANSENS ASPHALT SEALING
AND TAX SERVICES)

1ST - \$1500.00 6TH - \$225.00

2ND - \$500.00 7TH - \$200.00

3RD - \$400.00 8TH - \$150.00

4TH - \$300.00 9TH - \$125.00

5TH - \$250.00 10TH - \$100.00

11TH - 2 RODS

(ROBY'S BULLSEYE OUTDOORS)

RULES

1. ORDER OF ENTRIES RECEIVED WILL DETERMINE STARTING POSITION.
2. REGISTRATION WILL BEGIN 2 HOURS BEFORE TOURNAMENT STARTS.
3. TOURNAMENT HOURS WILL BE LEGAL DAYLIGHT START AND 8 HOURS LONG. DEFINITE TIMES WILL BE GIVEN CLOSER TO TOURNAMENT DATE.
4. 14" SIZE LIMIT ON ALL BASS WEIGHED-IN.
5. 75 BOAT LIMIT. (LAKE LIMIT)
6. TIES WILL BE TOTALED AND SPLIT EQUALLY.
7. 1LB. PENALTY FOR SHORT FISH, PLUS LOSS OF FISH
8. NO DEAD FISH WILL BE WEIGHED.
9. 1LB PER MINUTE LATE PENALTY UP TO 15 MINUTES MAX.
10. OFF LIMITS RESTRICTIONS ARE: RED BRIDGE MARINA COVE, AND ANY OTHER AREAS SPECIFIED BY STATE OR FEDERAL OFFICIALS.
11. ALL BOATS MUST HAVE WORKING KILL SWITCH AND AERATED LIVEWELLS.
12. BOAT MOTORS SHALL NOT EXCEED BOAT RATINGS.
13. LIFE JACKETS MUST BE WORN AT ALL TIMES WHEN BIG MOTOR IS RUNNING.
14. ALL ANGLING MUST BE DONE FROM BOAT.
15. ARTIFICIAL BAIT ONLY, NO LIVE BAIT ALLOWED.
16. ALCOHOL IS NOT PERMITTED DURING TOURNAMENT HOURS.
17. ADEQUATE LIABILITY INSURANCE IS REQUIRED FOR ALL BOATS ENTERED.
18. TOURNAMENT OFFICIALS & WE CARE ARE NOT RESPONSIBLE OR LIABLE FOR ANY ACCIDENTS OR INJURIES DURING TOURNAMENT HOURS.
19. ALL DECISIONS BY TOURNAMENT OFFICIALS ARE FINAL.
20. CONFIRMATION WILL BE SENT IF ENTRY INCLUDES SELF ADDRESSED STAMPED ENVELOPE OR E-MAIL ADDRESS.
21. THERE IS A \$20.00 CHARGE FOR ALL RETURNED CHECKS.

PRESENTED BY HOOSIER OPEN TOURNAMENTS

DIRECTED BY JEFF AND TERRI RUDE 765-457-3636 CELL- 765-434-3636

ENTRY FORM

BOATER: _____

NON- BOATER: _____

ADDRESS: _____

ADDRESS: _____

PHONE #: _____

PHONE #: _____

SIGNATURE: _____

SIGNATURE: _____

E-MAIL FOR CONFIRMATION:

MAKE CHECKS PAYABLE TO: J.L. RUDE
MAIL TO: 982 E. 1300 S. KOKOMO, IN 46901

